MEETING MINUTES

North Dakota Mental Health and Substance Abuse Planning Council
Quarterly Meeting
April 16-17, 2014

Members Present: Jodi Stittsworth, Siabhan Deppa, Tim Wicks, Troy Ertelt, Rosalie Etherington, JoAnne Hoesel, Deb Jendro, Tonya Sorenson, Gail Schauer, Carlotta McCleary, Robyn Throlson, Michelle Gayette, Lynden Ring, Brad Hawk, Deb Johnson, Lisa Peterson, Denise Harvey

Staff Members Present: JoAnne Hoesel, Susan Wagner, Pam Sagness, Lauren Sauer

A quorum was present and the meeting called to order by Deb Jendro, Council Chair.

Introductions: Members introduced themselves.

Approval of Minutes: Michelle Gayette moved to accept the minutes as drafted. Robyn Throlson seconded. Motion carried.

Additions to the Agenda: Carlotta McCleary asked that the MH block grant budget be discussed tomorrow. Gail Schauer noted that DPI has an opportunity to apply for a school climate grant and would like a few minutes to discuss this tomorrow.

CFN Update: Nancy McKenzie, Mental Health America of North Dakota, reviewed the highlights of the Consumer and Family Network annual report (refer to handout). The CFN has hired someone to continue work on the website. The CFN is discussing the possibility of paid membership. It was a busy legislative session in 2013. Members determined priorities to track, how to provide input and testimony, and continue to look at how to get even more involved in the 2015 session. They are following the interim study on behavioral health and keeping members updated. The CFN has been invited to more committees and workgroups and are participating in more efforts. They are encouraging all members to become more involved. There have been changes in scope of service in contracts with Recovery Centers and human service centers. Individuals have been involved in this remodel of peer support. People are very positive about ½ time recovery coordinators in Recovery Centers and would like to see individuals hired to provide peer support again. The CFN received a SAMHSA Consumer Network grant as of July 1 2013…$70,000/year for three years. They continue to work on grant goals and activities. They will start working on the health focus this coming July. Consumers are hired to work with members in Recovery Centers to implement monthly recovery activity around health related issues based on membership needs/wants. It has been a challenge to hire individuals: five are hired and they are actively receiving training and support. They are recruiting people in Jamestown, Devils Lake, and Williston. Strategic planning efforts were very optimistic and the group continues to work on tasks. They have also been involved in many different planning efforts. The monthly council meetings are going well. Six people attended the national conference. They would like to attend more than one annual

conference so continue to look for opportunities. Some individuals will attend the Spring Behavioral Health Conference in May. The Annual conference will be held the end of the month, April 28-30, 2014. Ninety-one people attended last year; Dickinson was not able to attend at all so this impacted attendance. Have over 100 registered so far. Will debut a video on what is the CFN, how can it be of help to people….4 individuals are featured in the video. KAT Communications produced the video. They are very pleased with this. Each recovery center, HSC, and NDSH will get a copy. The CFN is interested in providing some resources to consumers in Williston. Intend to respond to an RFP once issued. MHAND is coordinating center for the CFN….current director, Susan Helgeland is retiring, and the CFN conference will host open house is Tuesday April 29th, 4:30-6 and then another one on Fargo on Tuesday May 6th, 3:30 -5pm at Myrt Armstrong Center. Call Nancy or anyone on council for information, etc.

Lynden Ring asked for some info on Williston. The CFN continues to do some support and Western Sunrise is providing some peer support. Nancy explained that she is working with the Division on some options.

Public comment: None.

Review/Approval of Application for Membership: Carlotta McCleary moved to accept the application for membership of Carl Young. Gail Schauer seconded. Carlotta McCleary stated that she knows Carl and he is very active in many different efforts around advocacy. She noted he will be a good voice and actively participate in meetings. Deb Jendro stated she also knows him and agrees with Carlotta. He also has experience with strategic planning. Motion carried.

Working Group Breakout: JoAnne Hoesel suggested the entire group review/discuss the strategic plan developed in October as opposed to breaking into workgroups. The 3 areas on the plan fall in line with SAMHSA priorities as well as Division priorities.

Trauma and Justice Priority: It was noted that Kim Osadchuk is the co-lead on the group, not Robyn Throlson. Lisa Peterson said she's not sure this goal should still be the priority and there might have been discussion instead about services in jails; or at least there was discussion in July meeting. She and Troy Ertelt were not here in October so weren't aware of the goal. Michelle Gayette recalls she and Kim Osadchuk talking about reaching out to the District Court presiding judge and researching some models in other states. Discussion ensued about the need to approach the court system. Lisa Peterson stated that Davina French from the National Guard has spoken with the Governors Office concerning veterans courts. She noted that the response was it is not needed because of the lack of individuals needing a specific veterans court model. JoAnne Hoesel read the information from SAMHSA related to this priority. Questions raised included: Don't we need to identify ND need? Is there data available? There was discussion concerning the DOCR recidivism project. It was noted that 35% of adult males receive mental health care are in prison, 70-80% of women receive MH care based on an Axis 1 diagnoses. Data most likely is related more to those inmates being on medications because DOCR does not have resources to provide MH care of

do psychological evaluations. TCTY data shows children have experienced multiple trauma experiences in their lives. Research shows that when people experience violence and trauma they are more prone to act out and become involved in the justice system. Goal here is to divert from justice system and provide MH/SA services earlier. Jodi Stittsworth stated that the court can force care when people do not agree to the need for treatment. Question raised: Is there a middle ground? Issues regarding veterans involved in the mental health, substance abuse, and legal systems were identified, too. Pam Sagness spoke about ND Cares effort based on SAMHSA policy academy, which is focused on looking at the behavioral health needs of military, veterans, family and survivors. The goal is to bring forth a seamless system of care for these folks. Gathering existing data and a survey of mental health providers concerning gaps in service will be coming out soon. There is a great deal of collaboration amongst military and veteran organizations as well as state agencies. Tim Wicks spoke about a couple of efforts in ND akin to veterans court. Too many people think there isn't enough of an issue. Staggering numbers of veterans have received DUI's. Data on veterans in prison can be obtained, through it is hard to do so. The Division will bring data, as well. The group has prioritized suicide and homelessness as top issues.

Recovery Support: The plan was to go around the state and do sessions in four areas and seek input on community needs.

Public awareness and support: Most of the individuals on this group are not here.

Questions Raised: What exactly does the Council want to do? Should the Council look at information from the beginning conversations where they selected these priority areas? Does the Council need more data? Can the Council combine these priorities? Should the Council join in the legislative interim study instead of doing their own strategic plan? The Council could present to the committee.

It was noted that Recovery Centers don't advertise enough. Advertising could help with awareness and alternate activities. There is a need for more community-based services for children to support complex family needs, more of a comprehensive approach to care even beyond wraparound and more of the services we do have and workforce issues. Peer support can be effective and supportive and is very valuable. Family to family support was a strong component of the first SOC work and needs to continue.

It was requested that the Council revisit the information concerning gaps and priorities identified in the July 2013 meeting.

Deb Johnson suggested plugging in to the agenda the identified prioritized themes for at each Council meeting. Time is an issue for workgroup meetings. It was suggested that there be structured time for workgroups to meet at each Council meeting.

It was discussed that the Council would draft a letter to the Department with recommendations for budget building. Lauren Sauer will facilitate gathering ideas from Council members for this letter. The letter will be presented at the July meeting.

The Council will work on goals and timelines of the strategic plan at the July meeting. The Division will put together data that can be used by the Council.

Report from the North Dakota Recovery Council: JoAnne reported that the Recovery Council is more focused on AOD issues and the many paths to recovery. The Recovery Council noted that North Dakota does not provide enough recovery supports in communities particularly when individuals chose a path other than AA. They want to gather information on how and what communities need to build more dynamic community supports after treatment and how the Division can assist. They may look at a business model based out of South Dakota to grow recovery supports such as recovery centers based on a business model. A group of people from North Dakota may visit this organization at some time.

Recovery Center Updates: Recovery classes are going well at the 7 centers. All are well aware of the new scope of service and reporting requirements and this is going well. The Recovery Center in Fargo is also providing Illness Management Recovery (IMR) classes. It is possible this may roll out across the state. Recovery Center directors and HSC liaisons are working more closely together.

Recovery Center in Williston: The Council is aware that there is no center in Williston. Siobhan Deppa talks with Marie in Williston and they are meeting, seeking a building to use for meetings, and discussing setting up a warm line for consumers in Williston.

Medicaid Expansion - JoAnne Hoesel informed the council that Sanford Health is the plan chosen by the state. If there are questions, please contact Sanford Health directly. The estimate would be 20,000 individuals could be eligible: low-income adults with no children. The navigators take calls from individuals wanting to get into the marketplace but are actually eligible for MA expansion. Individuals are not aware of the fact that county social services can assist them as well. People are calling the navigators back with news of being on MA expansion and improved health. It was asked if Medicaid Expansion consumers will run into the same problems as individuals on private insurance for AOD services and residential care not being covered? Yes. DHS is watching the Medicaid expansion numbers as well as numbers of individuals who are actually eligible for traditional MA. It is anticipated these numbers to increase, too. It was questioned if individuals with recipient liability cam choose between the expansion or traditional? No, if individuals are not eligible for traditional MA, they go to expansion. It they are not eligible for the expansion, they would be referred to the marketplace. It was questioned if the Council should be aware of what is and is not covered? What should they advocate for? What about parity? It was noted that traditional MA and MA expansion do not need to follow parity. If plans in the marketplace offer behavioral healthcare coverage, it needs to be on par with healthcare. Behavioral health coverage of one of the 10 essential benefits, so it's confusing. Three different agencies are involved in parity: IRS, SAMHSA, and states insurance commissioner office. The North Dakota Insurance Commissioners Office informed JoAnne Hoesel that they are note responsible to assure parity. JoAnne Hoesel noted that an interim legislative committee looking at residential AOD services since state law

mandates coverage. The impact of ACA has impacted coverage in ND. One major insurer in ND has cut in half coverage for speech therapy.

Council Website: Lauren Sauer provided an overview of the Council's Website: http://www.nd.gov/dhs/services/mentalhealth/ndmhpc/index.html. Suggestions for additional revisions can be emailed to Lauren at any time.

Block Grants Annual Report: Lauren Sauer made a presentation on the Annual Implementation Reports for the Community Mental Health Services and the Substance Abuse Prevention and Treatment Block Grants. Refer to handout.

JoAnne Hoesel: Provided an overview of the block grant expenditures for the 2013-2015 biennium. Refer to handout.

Division Reports: Refer to handout.

Other Business: Gail Schauer provided information on the School Climate Transformation Grant from US Dept. of Education. The purpose of the grant is to improve school climate and decrease bullying. Average size of the grant will be $410,000. The RFA will be coming out April 30, 2014. It is rumored that the due date will be May 21, 2014. The grant is based on guidance put out by Dept. of Education. There are 3 guiding principles, School Climate; Clear, Appropriate, Consistent expectations of kids; Equity and Continuous Development. Work is based on a Multi-tiered behavioral framework. Unsure if DPI will apply.

Agenda for the July Meeting

- Introductions
- Approval of the Minutes
- Additions to the Agenda
- Public Comment
- Identify a Nominating Committee for Council Officers
- Review/Approval of Applications for Membership
- Working Group Breakout/Report Out: Rethink priorities
- Consumer and Family Network Report
- Medicaid Expansion
- Development of Letter to Department for Budget Building
- Prevention System in North Dakota Presentation by Pam Sagness
- Report from the Recovery Council
- Recovery Center Updates
- Council Website
- Division Reports
- Other Business
- Agenda for the October Meeting
- Adjourn

The Meeting adjourned at 12:05pm.

The next Council meeting is July 23-24, 2014 at the Comfort Inn in Bismarck.

North Dakota Consumer Family Network (CFN)

2nd Year Grant Report

October 1, 2012 – September 30, 2013

For

ND Department of Human Services

Contract #: 510-08678

Prepared by

North Dakota Mental Health America

Consumer Family Network

Action Steps

1. ***Identify consumers, family members, and advocacy organizations to discuss the formation of the CFN.***

   - CFN was formed in the 1st year; activities this year focused on strengthening group leadership and expanding its activities.
   - Some membership challenges exist, with changing of members and challenges in recruitment of new members. This will be a strong focus in the future as we implement our term limits and expand membership.
   - Building infrastructure of the council will be an ongoing process, with emphasis on representation from all regions, tribal reservations, provider collaborative members, and family members.

2. ***Schedule and convene an initial CFN Collaborative meeting within 3 months of start date of a contract resulting from this RFP. After the initial meeting successful offeror will schedule CFN Collaborative meetings annually. Meetings will be scheduled at times and locations to ensure consumers and family member's attendance. (Possibly in conjunction with annual CFN Conference.)***

   - The first provider collaborative members, totaling 21 individuals from private and public sector agencies, were selected by members and recognized at the first collaborative meeting, held during the June 2013 conference.
   - One of the outcomes of this was the provision of CFN bookmarks, with contact information, given to both Prairie St. John's and NDSH, for sharing with clients upon discharge from inpatient care.
   - CFN members are currently recommending new nominees to add to the group; they will be recognized at the 2014 CFN Conference.
   - The CFN Collaborative will continue to meet annually at the state conference.

3. ***Develop, implement and monitor a CFN website***

   - Council identified the following goals for CFN social media use:
     1) Increase awareness of CFN and resulting membership
     2) Provide education
     3) Advocacy leadership activities
     4) Facilitate connections to other organizations (links to Recovery Centers etc.)

   - Use of the CFN website and Facebook page continued throughout the year; we have begun tracking numbers of individuals reached.
   - Website and Facebook page were launched in February, 2013.
   - Individuals as well as page administrators can contribute information to the FaceBook page. Interest has also been expressed in establishing a blog in the future.

4. ***Develop and maintain a CFN Collaborative membership database consisting of: member's name; telephone number; e-mail address; and mailing address.***

   - A database of collaborative members has been compiled utilizing available databases from partner entities, and is being expanded through registration at the conference and outreach from Council members, as well as the MHSAPC and tribal entities.

- A database of collaborative members currently includes: consumers and their families; advocates and advocacy organizations; volunteers; service providers; care center providers; and others. The database is maintained by MHAND.
- We need to continue to work on expanding membership and continuous updating of the database information.

5. ***Make arrangements for consumers to participate in transformation activities that will influence the design, delivery, and evaluation of mental health services, including: input on policy development, program evaluation, and quality improvement; participation in the development of the extended care manual; participation in social marketing campaigns; participation in recovery month events; participation in the legislative process; and participation in the strategic planning efforts of Purchasing Agency.***

   Members participated in many transformation activities this year, including:

   1) 2013 Legislative Session:
      - Reviewed DHS proposed budget
      - Determined priority areas for CFN involvement/testimony/tracking
      - Email was used to update members on progress of bills, contact information for legislative committee members, and copies of any testimony provided by CFN
      - CFN provided committee testimony in support of Medicaid Expansion, and in support of the DHS budget, focusing particularly on the request for additional funding for Peer Support
      - Approximately 15 members took part in Disability Awareness Day at the Capitol. Activities there included: setup and manning of a booth about CFN; providing brochures about Peer Support/Recovery Centers; meeting individually with legislators over lunch; participating with legislators in floor sessions.
      - Interim committee information has been provided to the Council, including links to committee information and meeting minutes.

   2) Boards, workgroups and committees related to policy and transformation activities that added CFN representation this year (in addition to previous continued groups):
      - Protection & Advocacy State Board
      - PAIMI Board
      - 8 Human Service Center Advisory Councils
      - ND Disabilities Advocacy Consortium
      - Rural Behavioral Health Network Advisory Council
      - Rural Behavioral Health Network Outreach Committee
      - ND Suicide Prevention Coalition

   3) Recovery Polycom meetings: representatives from CFN attended polycom sessions focused on contract scope of service, change in Peer Support services, and implementation of recovery training sessions in each region.

4) SAMHSA Statewide Consumer Network Grant: CFN applied for, and received, a 3-year SAMHSA grant providing $70,000/year.
   - CFN council members participated in a workgroup to plan/review and approve the grant application prior to submission;
   - CFN worked closely with Recovery Center Directors to discuss grant potential and secure their commitment to working together if approved.
   - Information about grant goals and activities was provided to the CFN Council in its July retreat, and to other state partner.
   - Visits were made to the 8 recovery centers in August and September to provide information about the grant, and to provide education about the Affordable Care Act (one of the grant goals).
   - Grant information and updates are a standing agenda item for monthly CFN Council calls, and the website & Facebook pages are also used for updates on the grant.

5) Strategic Planning: CFN is actively involved in strategic planning on many levels, including:
   - Development and implementation of the CFN strategic plan, finalized at the July council retreat;
   - Providing input to DHS through its regional stakeholder meetings as well as ongoing contact with the Division of Mental Health & Substance Abuse;
   - Serving on the Mental Health & Substance Abuse Planning Council for planning of the state block grant and other activities;
   - Participating in the planning activities of the many boards and councils on which CFN members participate.

6. Schedule and convene monthly CFN Council meetings. CFN Council members from each region are responsible for bringing the information back to consumers of mental health services and their families; consumer and family advocacy organizations; and mental health system partners including funders and providers of mental health care.

- Monthly meetings are held via conference call, with council members rotating responsibility for the agenda and leading the meetings.
- As documented in the CFN monthly progress reports, participation in the meetings has been active. In addition to council meetings, many members also take part in workgroups such as:
  1) Annual conference planning committee
  2) Annual Council strategic planning retreat
  3) SAMHSA grant committee
  4) Strategic plan activity committees
  5) Social media workgroups
- Meeting agendas cover all areas of grant activities and strategic initiatives; agendas are created by council members with support from CFN Center staff as needed.
- The Council will utilize feedback gathered at the 2013 conference concerning what they would like to see a consumer family network provide as a guide in planning structure and activities for the second year.

7. Serve as the state's liaison to national CFN organizations. Forward information obtained from the national CFN organizations to CFN Collaborative.

- MHA and the CFN Council work closely with the SAMHSA consumer/family technical assistance centers, as well as with the PeerLink consultant.
- ND participates in two national conference calls monthly: the Consumer Clearinghouse, and the PeerLink states' call. Information is shared with the full council as part of the regular meeting agenda.
- Funding from this grant and the new SAMHSA grant allowed us to again send 6 individuals to the National Alternatives Conference in Austin. ND also presented at that conference on our CFN organization and activities.
- Conference session information is shared with the Council, and via presentations at the 2014 annual conference, to the CFN network and the collaborative.
- Members are reviewing information about other states' CFN activities as provided by the SAMHSA consultant, to further the understanding of council roles/functions and to generate ideas as to future CFN activities.
- A priority area for technical assistance is peer support programming and funding possibilities.

8. Coordinate the planning and implementation of the annual CFN conference.

- A conference Planning Committee arranged the 2013 CFN conference, which was held in Jamestown June 6-7, 2013. The conference theme was "Honoring our History, Building our Future".
- 91 individuals attended the conference, compared to 110 in 2012. The council discussed what impacted that change; some issues were: The Dickinson Recovery Center was not able to provide staff to accompany members due to staff medical leaves, etc., so no one from Dickinson attended; there was a small ($5) registration fee this year for consumers which may have impacted, but the council doesn't feel this was a significant factor.
- We will continue to try to expand attendance next year; the council decided to hold the 2014 conference in Bismarck for a more central location and bigger spaces for meeting sessions.
- The program included a national speaker and various breakout sessions (see attached schedule). Presentations were provided by CFN members as well as external speakers.
- Members initiated having two annual awards given, which began this year: the Amber Hammer Award to a consumer; and the Dawn Bonner Award to a provider.
- Marketing materials were purchased prior to the conference and for use in future venues, including: CFN bookmarks, floor banners, clips.
- The 2014 planning committee will utilize recommendations from the 2013 conference attendees to improve processes and content for the next conference. This will include having more opportunity for sharing of recovery stories.

Summary of Year 2 Highlights and Challenges

Highlights/Accomplishments	Challenges/Future Needs
Social media and marketing materials developed and implemented	Building/maintaining Council membership (increase tribal, provider and family representation)
21 collaborative providers added to CFN	Identify ways to maintain interaction with collaborative providers
Increased CFN involvement in transformation activities, boards/committees	Improve means of tracking these activities and increasing involvement by more people
Awarded a 3-year Statewide Consumer Network grant from SAMHSA, $210,000 for 3-year project	Improve overall member and council database updates and progress tracking
Developed a more specific strategic plan, with priority activities and assigned responsibilities	Work with state and national TA partners to explore potential to expand Peer Support services in ND
CFN presented at ND Behavioral Health conference and national Alternatives conference	
Began annual awards to recognize excellence	

How did we do ?

Substance Abuse Prevention and Treatment Block Grant (SABG)
Community Mental Health Services Block Grant (MHBG)

Background

SAMHSA Block Grants

SAMHSA Block Grants

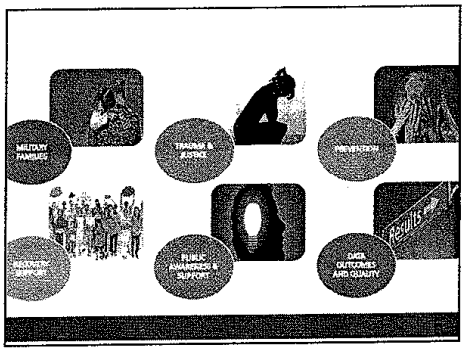
The Block Grants are grants given to States to allow States to address their unique behavioral health issues.

Block Grant funds are directed toward these purposes:

- Fund **priority treatment and support services** for individuals with limited insurance
- Fund **primary prevention**
- Collect data to **determine ongoing effectiveness** of services

Priorities

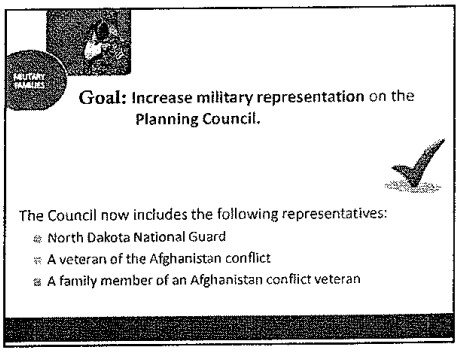
North Dakota Block Grants

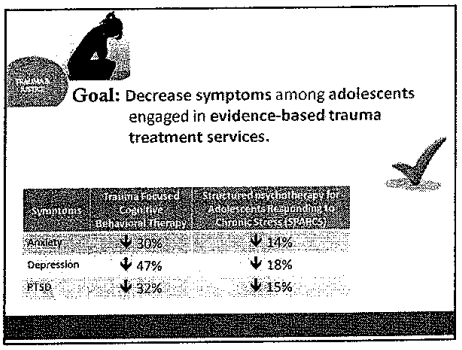


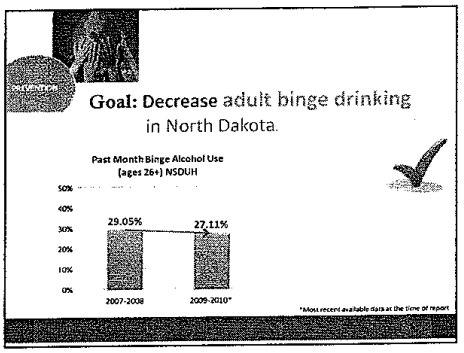
Progress

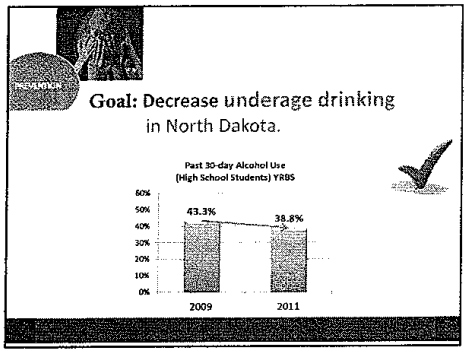
North Dakota Block Grants

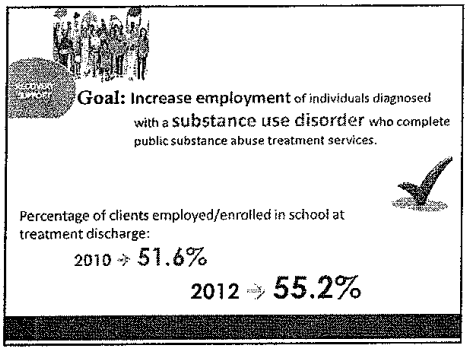
Achievements

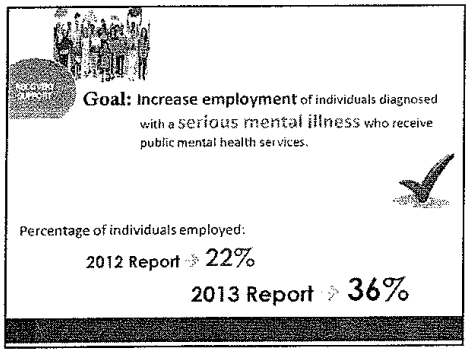

Goal: Increase military representation on the Planning Council.
The Council now includes the following representatives:
North Dakota National Guard
A veteran of the Afghanistan conflict
A family member of an Afghanistan conflict veteran

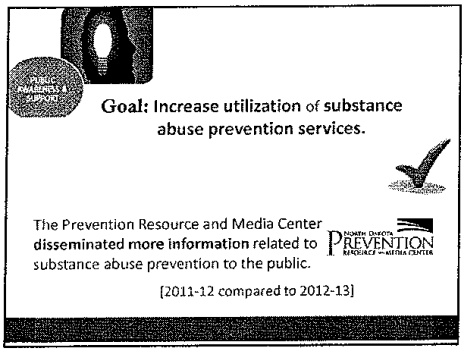

Goal: Decrease symptoms among adolescents engaged in evidence-based trauma treatment services.
Symptoms
Trauma Focused Cognitive Behavioral Therapy
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
Anxiety
30%
14%
Depression
47%
18%
PTSD
32%
15%

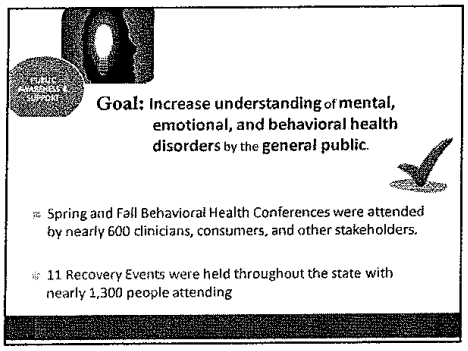

Goal: Decrease adult binge drinking in North Dakota.
Past Month Binge Alcohol Use (ages 26+) NSDUH
50%
40%
30%
20%
10%
0%
29.05%
27.11%
2007-2008
2009-2010*
*Most recent available data at the time of report

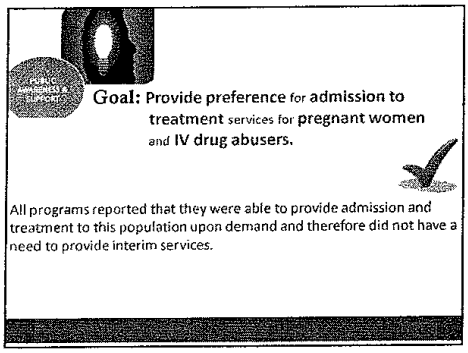

Goal: Decrease underage drinking in North Dakota.
Past 30-day Alcohol Use (High School Students) YRBS
60%
50%
40%
30%
20%
10%
0%
43.3%
38.8%
2009
2011


Goal: Increase employment of individuals diagnosed with a substance use disorder who complete public substance abuse treatment services.
Percentage of clients employed/enrolled in school at treatment discharge:
2010 → 51.6%
2012 → 55.2%


Goal: Increase employment of individuals diagnosed with a serious mental illness who receive public mental health services.
Percentage of individuals employed:
2012 Report → 22%
2013 Report → 36%


Goal: Increase utilization of substance abuse prevention services.
The Prevention Resource and Media Center disseminated more information related to substance abuse prevention to the public.
[2011-12 compared to 2012-13]


Goal: Increase understanding of mental, emotional, and behavioral health disorders by the general public.
Spring and Fall Behavioral Health Conferences were attended by nearly 600 clinicians, consumers, and other stakeholders.
11 Recovery Events were held throughout the state with nearly 1,300 people attending


Goal: Provide preference for admission to treatment services for pregnant women and IV drug abusers.
All programs reported that they were able to provide admission and treatment to this population upon demand and therefore did not have a need to provide interim services.

Progress

North Dakota Block Grants

Not Achieved

Goal: Increase the number of military representatives, veterans, or family participating in substance abuse prevention efforts in North Dakota.

Next Steps:

The Division is participating in SAMHSA's Veteran's Policy Academy, which will increase capacity and partnerships in order to reach this goal.

Goal: Decrease the number of individuals, who receive services for a substance use disorder, who spend time in jail/prison.

Next Steps:

- There was no change from 2010 to 2012.
- The Division will continue to work with the Human Service Centers and other stakeholders to reach this goal.

Goal: Decrease the number of individuals, who receive services for a serious mental illness, who spend time in jail/prison.

Next Steps:

- There was a 1% decrease from 2011 to 2013; however, this could be normal variation.
- The Division will continue to work with the Human Service Centers and other stakeholders to reach this goal.

Goal: Develop a plan for the promotion of mental health and prevention of mental, emotional, and behavioral health disorders.

Next Steps:

The Division will build capacity by pursuing training opportunities and identifying best practices in mental health promotion and mental illness prevention prior to creating a plan.

Goal: Develop and implement a continuous quality improvement plan.

Next Steps:

- The Department has begun work toward implementing a new electronic record, which will assist in gathering necessary data.
- The Division has drafted a Continuous Quality Improvement (CQI) plan.
- The Division will continue to identify meaningful information to collect in order to inform the behavioral health system.

SAMHSA Block Grants

The next Block Grant REPORT is due →
December 1, 2014

The next Block Grant PLAN is due →
April 1, 2015

Questions

Substance Abuse Prevention and Treatment Block Grant (SABG)
Community Mental Health Services Block Grant (MHBG)

MH and SA Block Grant funding Plan for 2013-2015 biennium

Substance Abuse Prevention Treatment Block Grant

	Budgeted	
	$ 10,679,888.00	

Funding Plan:

		Expended	
HSC's Women's Program	$ 664,096.00	0	
WCHSC Long-Term Residential	$ 262,000.00	0	
HSC's Treatment	$ 5,831,075.00	0	
Adolesent Services	$ 254,396.00	0	
Prevention	$ 2,176,167.00	550,615.44	
Central Office	$ 1,453,101.80	110,386.13	
Admin Support	$ 240,000.00	15,355.83	
	$ 10,880,835.80	$ 455,587.43	expended
			4/14/2014

Mental Health Block Grant

	Budgeted
	$ 1,621,385.00

Funding Plan:

		Expended	
HSC's Partnerships Program	$ 433,006.00	0	
Voluntary Treatment	$ 150,000.00	2,416.29	
Extended Services	$ 140,000.00	42,016.00	
Central Office	$ 59,134.00	0	
Administrative	$ 57,724.00	1625.42	(Travel and Data processing)
Program Admin	$ 750,000.00	[redacted]	
Planning council	$ 1,589,864.00	$ 441,275.78	expended
data,outcome,quality			4/14/2014
Recovery			
Prevention/Promotion			
Training			
EBP			
Council			

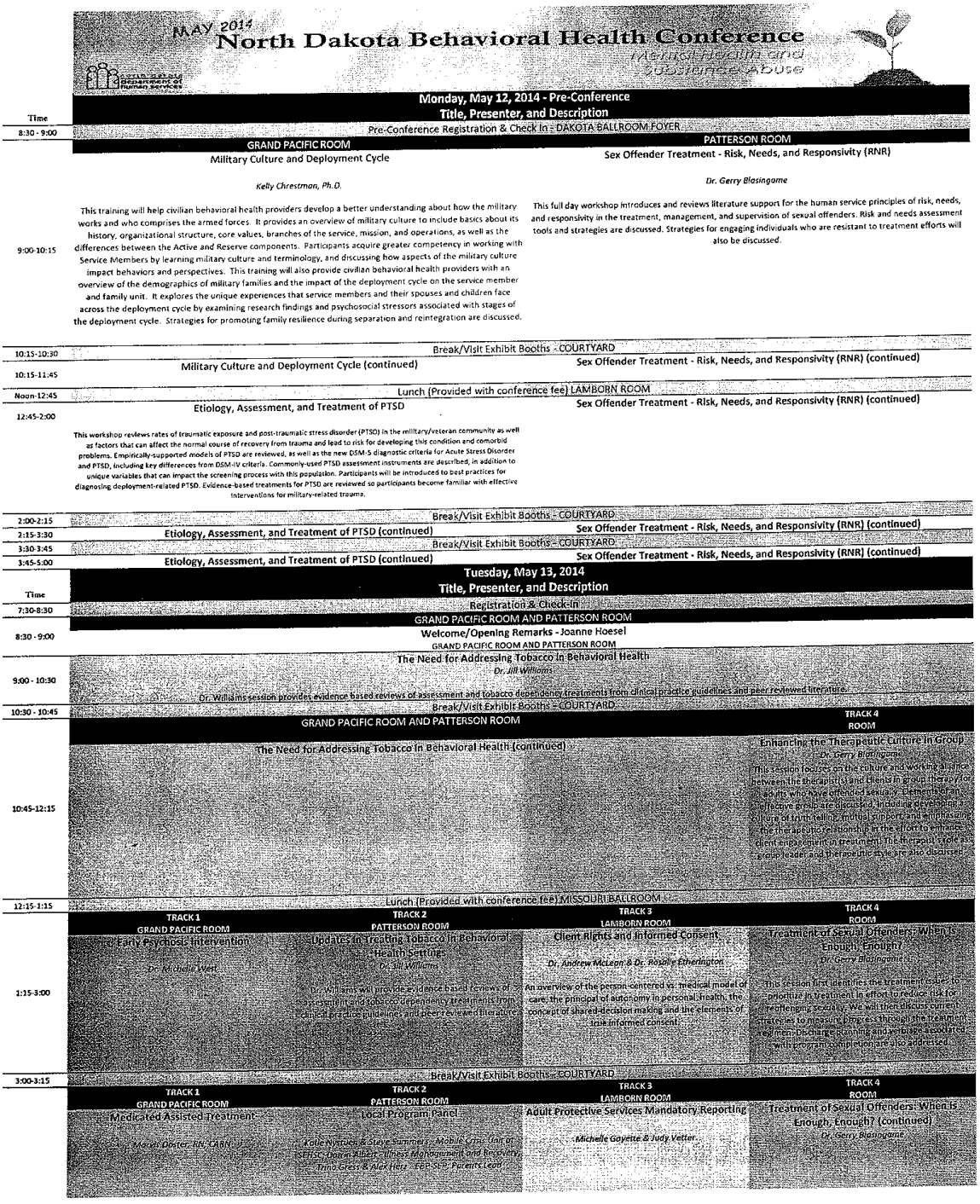
Prevention
Prevention Campaigns: "Live Your No", 'Prescription Drug Abuse"
Prevention Resource Media Center - Materials for distribution
Targeted Communities Work
Tribal Grants
Prevention Education
Office Rent
Synar contract

A&D Central Office
Contracts: Telephone Recovery Support
Serna Training - Motivation Interviewing Training
Substance Abuse Treatment Licensing
Office Rent

[redacted]
Workforce Training Support - lodging/meals/travel
Non-Employee Travel - MH SA Planning Council Travel support
First Link Training - Mental Health First Aide
PRMC educational material for distribution
Consumer Satisfaction Survey printing
Dues and Memberships
Contracts: Consumer & Family Network
NRI - Trauma training/consultation
IDDT training support
Spring/Fall Conference Expenses

The following schedule may be accessed online at:

http://www.dce.ndsu.nodak.edu/conferences/ndbhc/files/2014/04/DHS-Schedule-Sp-2014.pdf



MAY 2014

North Dakota Behavioral Health Conference

Mental Health and Substance Abuse

Monday, May 12, 2014 - Pre-Conference

Time	Title, Presenter, and Description
8:30 - 9:00	Pre-Conference Registration & Check In - DAKOTA BALLROOM FOYER
9:00-10:15	**GRAND PACIFIC ROOM** — Military Culture and Deployment Cycle — *Kelly Chrestman, Ph.D.* — This training will help civilian behavioral health providers develop a better understanding about how the military works and who comprises the armed forces. It provides an overview of military culture to include basics about its history, organizational structure, core values, branches of the service, mission, and operations, as well as the differences between the Active and Reserve components. Participants acquire greater competency in working with Service Members by learning military culture and terminology, and discussing how aspects of the military culture impact behaviors and perspectives. This training will also provide civilian behavioral health providers with an overview of the demographics of military families and the impact of the deployment cycle on the service member and family unit. It explores the unique experiences that service members and their spouses and children face across the deployment cycle by examining research findings and psychosocial stressors associated with stages of the deployment cycle. Strategies for promoting family resilience during separation and reintegration are discussed. **PATTERSON ROOM** — Sex Offender Treatment - Risk, Needs, and Responsivity (RNR) — *Dr. Gerry Blasingame* — This full day workshop introduces and reviews literature support for the human service principles of risk, needs, and responsivity in the treatment, management, and supervision of sexual offenders. Risk and needs assessment tools and strategies are discussed. Strategies for engaging individuals who are resistant to treatment efforts will also be discussed.
10:15-10:30	Break/Visit Exhibit Booths - COURTYARD
10:15-11:45	Military Culture and Deployment Cycle (continued) — Sex Offender Treatment - Risk, Needs, and Responsivity (RNR) (continued)
Noon-12:45	Lunch (Provided with conference fee) LAMBORN ROOM
12:45-2:00	Etiology, Assessment, and Treatment of PTSD — This workshop reviews rates of traumatic exposure and post-traumatic stress disorder (PTSD) in the military/veteran community as well as factors that can affect the normal course of recovery from trauma and lead to risk for developing this condition and comorbid problems. Empirically-supported models of PTSD are reviewed, as well as the new DSM-5 diagnostic criteria for Acute Stress Disorder and PTSD, including key differences from DSM-IV criteria. Commonly-used PTSD assessment instruments are described, in addition to unique variables that can impact the screening process with this population. Participants will be introduced to best practices for diagnosing deployment-related PTSD. Evidence-based treatments for PTSD are reviewed so participants become familiar with effective interventions for military-related trauma. — Sex Offender Treatment - Risk, Needs, and Responsivity (RNR) (continued)
2:00-2:15	Break/Visit Exhibit Booths - COURTYARD
2:15-3:30	Etiology, Assessment, and Treatment of PTSD (continued) — Sex Offender Treatment - Risk, Needs, and Responsivity (RNR) (continued)
3:30-3:45	Break/Visit Exhibit Booths - COURTYARD
3:45-5:00	Etiology, Assessment, and Treatment of PTSD (continued) — Sex Offender Treatment - Risk, Needs, and Responsivity (RNR) (continued)

Tuesday, May 13, 2014

Time	Title, Presenter, and Description
7:30-8:30	Registration & Check-In
8:30 - 9:00	GRAND PACIFIC ROOM AND PATTERSON ROOM — Welcome/Opening Remarks - Joanne Hoesel
9:00 - 10:30	GRAND PACIFIC ROOM AND PATTERSON ROOM — The Need for Addressing Tobacco in Behavioral Health — *Dr. Jill Williams* — Dr. Williams session provides evidence based reviews of assessment and tobacco dependency treatments from clinical practice guidelines and peer reviewed literature.
10:30 - 10:45	Break/Visit Exhibit Booths - COURTYARD
10:45-12:15	GRAND PACIFIC ROOM AND PATTERSON ROOM — The Need for Addressing Tobacco in Behavioral Health (continued) **TRACK 4 ROOM** — Enhancing the Therapeutic Culture in Group — *Dr. Gerry Blasingame* — This session focuses on the culture and working alliance between the therapist(s) and clients in group therapy for adults who have offended sexually. Elements of an effective group are discussed, including developing a culture of truth-telling, mutual support and emphasizing the therapeutic relationship in the effort to enhance client engagement in treatment. The therapist's role as group leader and therapeutic style are also discussed.
12:15-1:15	Lunch (Provided with conference fee) MISSOURI BALLROOM
1:15-3:00	**TRACK 1 GRAND PACIFIC ROOM** — Early Psychosis Intervention — *Dr. Michelle Wert* **TRACK 2 PATTERSON ROOM** — Updates in Treating Tobacco in Behavioral Health Settings — *Dr. Jill Williams* — Dr. Williams will provide evidence based reviews of assessment and tobacco dependency treatments from clinical practice guidelines and peer reviewed literature. **TRACK 3 LAMBORN ROOM** — Client Rights and Informed Consent — *Dr. Andrew McLean & Dr. Rosalie Etherington* — An overview of the person-centered vs. medical model of care, the principal of autonomy in personal health, the concept of shared-decision making and the elements of true informed consent. **TRACK 4 ROOM** — Treatment of Sexual Offenders: When is Enough, Enough? — *Dr. Gerry Blasingame* — This session first identifies the treatment issues to prioritize in treatment in effort to reduce risk for reoffending sexually. We will then discuss current strategies to measure progress through the treatment regimen. Discharge planning and aftercare associated with program completion are also addressed.
3:00-3:15	Break/Visit Exhibit Booths - COURTYARD
	TRACK 1 GRAND PACIFIC ROOM — Medicated Assisted Treatment — *Marcus Dorrer, PA-C(AP)* **TRACK 2 PATTERSON ROOM** — Local Program Panel — *Julie Nystuen & Steve Summers - Mobile Crisis Unit at ICSHC; Dawn Miller - Illness Management and Recovery; Trina Green & Alex Frey - FEP-SCP Patients Lead* **TRACK 3 LAMBORN ROOM** — Adult Protective Services Mandatory Reporting — *Michelle Goyette & Judy Vetter* **TRACK 4 ROOM** — Treatment of Sexual Offenders: When is Enough, Enough? (continued) — *Dr. Gerry Blasingame*

3:15-5:00	Medication Assisted Treatment is becoming the standard practice for patients seeking recovery from addictions to drug and alcohol. For many years we have utilized medications to safely detoxify our patients and we have at our disposal more options than ever with Suprenorphine, Vivitrol injections, and others. An understanding of how M.A.T. fits with other familiar and effective treatment modalities is vital to offering the best care we can to patients who seek our help to fight this disease.	Mobile Crisis Unit - This presentation will cover information on the mobile crisis unit that is operating in our region. The presentation will include how the program came to be, how it has been implemented, and some statistics showing the impact this program has made in the region. Illness Management and Recover - IMR is an evidence based psychoeducation program covering various topics such as coping skills, building social/community supports, and general information about mental health issues. EBP-SEP - The evidence based SEP model community options has implemented across the State of ND.	This session will offer an overview of VAPS, the new mandatory reporting law and the vulnerable adult protective services program. An attorney will provide a more detailed look at the current law. The topics of guardianship will also be covered; when it is needed and the process of filing for and obtaining a guardianship.

Time	Wednesday, May 14, 2014 Title, Presenter, and Description
7:30-8:00	Registration & Check-In - DAKOTA BALLROOM FOYER
8:30-9:30	**Trauma and Recovery - Healing Neen** *Tonier Cain* *For two decades, Tonier "Neen" Cain hustled on the streets of Annapolis, Maryland, desperately feeding an insatiable crack addiction and racking up 83 arrests along the way. Rapes and beatings were a routine part of lie; home was underneath a bridge or inside the locked cage of a prison. In 2004, pregnant and incarcerated for violation of parole, she was provided the opportunity to go to a community trauma, mental health, and addiction program.* *Feeling safe for the first time in her life, Neen confronted the haunting childhood memories that she tried to numb with drugs: filth and chronic hunger, sexual assaults by neighborhood men, routine physical and mental abuse dished out by her mother. Realizing for the first time that she had been a victim, she began to heal and reclaim power over her life, embarking on a remarkable "upward spiral," that has no limit. Today, she's the founder and CEO of Healing Neen Inc., she works for the National Center for Trauma-Informed Care, dedicating her life to being a voice for those still lost and still silent. Traveling the world to give speeches and work one-on-one with women in prisons and hospitals, Neen continues to transform her own life while helping others to embrace her motto "where there's breath, there's hope."*
9:30-9:45	Break/Visit Exhibit Booths - COURTYARD
9:45-10:45	Trauma and Recovery - Healing Neen (continued)
10:45-11:00	Break/Visit Exhibit Booths - COURTYARD

	TRACK 1 GRAND PACIFIC ROOM	TRACK 2 PATTERSON ROOM	TRACK 3 LAMBORN ROOM
11:00-12:00	**Ethics: Five High Risk Temptations** *Mary Alice Fisher, Ph.D.* Participants will be able to describe some temptations that they have experienced in your professional work, indicate how succumbing to those might affect you or others, and indicate possible safeguards that might prevent such problems. Discussion will include boundary issues (dual or multiple relationship with patient (non-sexual), financial temptations, informed consent temptations, and confidentiality issues.	**Peer Support and Professional Development** *Darrin Albert* This session will cover peer support theory, practice, history, and professional development.	**DSM 5 SuperTraining** *Dr. Patricia Bradley* This session is a detailed overview of the structural changes and how to categorize the diagnoses and how to assess functional status (Axis I-V are gone) and how to use all the new V codes, and how to document for medical necessity and incorporate the Golden thread. DSM 5 diagnostic changes for the clinical diagnoses. DSM 5 diagnostic changes of the addiction diagnoses.
12:00-1:15	Lunch (Provided with conference fee) MISSOURI BALLROOM		

	TRACK 1 GRAND PACIFIC ROOM	TRACK 2 PATTERSON ROOM	TRACK 3 LAMBORN ROOM
1:15-2:45	**Ethics: Avoiding Slippery Slopes** *Mary Alice Fisher, Ph.D.* [illegible] risk management workshop. But we know that sometimes making exceptions to our usual ethical practices can start us on a path from which it is very hard to recover, and which can ultimately be [illegible] and patient welfare. How can we recognize when we are about to take a step we will later regret? Where are we each most vulnerable? What support reminders would be most helpful?	**Mental Health and Substance Abuse Issues in Later Life** *Marvis Doster* The growing incidence of alcohol and medication problems in later life will be discussed in this session that will also address the special considerations for assessment and treatment of the elderly. Early and late onset issues will be compared and the participants will be given links for information to utilize with patients and their families.	**DSM 5 SuperTraining (continued)** *Dr. Patricia Bradley*
2:45-3:00	Break/Visit Exhibit Booths - COURTYARD		

	TRACK 1 GRAND PACIFIC ROOM	TRACK 2 PATTERSON ROOM	TRACK 3 LAMBORN ROOM
3:00-4:30	**Ethics: Monitoring Your Professional Acculturation** *Mary Alice Fisher, Ph.D.* Participants will be able to tell how well they have complied with the ethical standards of their profession, how well they have adopted those standards into their personal or administrative practices, and what help might they benefit from others or what help might they offer to others?	**Mental Health First Aid** *Ashley Ladbury* This session will give an overview of the Mental Health First Aide training including its history, objectives, and studies on its efficacy. Many states have embraced Mental Health First Aid as an effective training program to train professionals and the general public on the topic of Mental Health. Mental Health First Aide is an 8-hour course that teach participants how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps participants identify, understand and respond to signs of mental illnesses and substance use disorders.	**DSM 5 SuperTraining (continued)** *Dr. Patricia Bradley*

SCHEDULE SUBJECT TO CHANGE WITHOUT NOTICE

north dakota department of human services

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
REPORT TO THE COUNCIL- April 16, 2014

Traumatic Brain Injury Services: Services to individuals with traumatic brain injury (TBI) are provided via contracts for resource facilitation, informal supports, pre-vocational skills, and social/recreational services. The University of North Dakota's Center for Rural Health (UND-CRH) hired three resource facilitators to provide services on a statewide basis; they are based out of Towner, Grand Forks, and Bismarck. To date they have worked with 35 individuals and are currently providing services to 18 individuals. There are 10 new referrals pending. Community Options for Residential and Employment Services, Inc. provides pre-vocational skills services on a statewide basis; provide services to 25 individuals at this time. UND-CRH and Community Options co-hosted four open houses for Brain Injury Awareness month in March and attendance was good at all sites. Hit, Inc., HeartSprings, *Onword* Therapy, Sanford Health, and Dakota Center for Independent Living provide social/recreational services. Each provider schedules 1-2 events per month.

The Legislative Human Services Interim Committee is conducting a study on the comprehensive needs of individuals with TBI. To date, information has been presented about the funded TBI services, number of individuals served, unmet needs, history of past brain injury registry and potential costs of re-establishing a registry, access to Medicaid services, possible flex fund, inclusion of acquired brain injury in definition, and estimate of cost if individuals with acquired brain injury were to have access to TBI services. Testimony has been received from individuals with TBI and family members, The Department of Human Services, Department of Health, UND-CRH, Community Options, and the Head Injury Association of ND.

System of Care Expansion Grant: The Department of Human Services received a System of Care expansion grant on July 1, 2013. The focus of the grant is to develop a trauma-informed system of care in North Dakota. DHS will work with system partners in the statewide initiative. Project objectives include improving outcomes for children, adolescents and their families; increase awareness and reduce stigma via social marketing; training; implementation of a screening process; and streamline referral/increase access for evidence-based treatment services. Training will be provided to system partners in regards to how to implement a trauma informed system of care, Trauma 101, and use of the screening tool.

Integrated Dual Disorder Treatment (IDDT): Statewide expansion of IDDT continues. Baseline reviews of 2 more HSC's will be completed along with the annual reviews of 5 HSC's.

Evidence-based Model of Supported Employment: The evidence-based model of supported employment continues to be provided in three regions: Fargo, Jamestown, and Bismarck.

Olmstead Policy Academy: North Dakota was selected to participate in a virtual Olmstead Policy Academy last July. DHS assembled a team of representatives from various agencies and advocacy organizations to participate in a series of planning meetings and webinars. The ultimate goal is to develop/implement strategic plans around three major areas impacting individuals with behavioral health issues; supported housing, supported employment, and peer support recovery services. Draft strategic plans were reviewed with the Olmstead Commission at the February 2014 meeting and will be incorporated into the state Olmstead Plan

Extended Services: The Extended Services Program assists consumers to maintain the integrated, competitive, community-based employment achieved during their time spent under the Supported Employment Program. The program works with individuals that have a serious mental illness (Mental Health) or those individuals that do not qualify for mental health or DD extended services. Rocky Mountain Rehab holds the contract to administer the program. The 'Other Program' (those that do not qualify for mental health or DD extended services) has been at capacity for some time. This past month, Mental Health Extended Services reached capacity. There are 164 slots for SMI, 51 slots for' Other', and 6 slots for individuals with a traumatic brain injury.

Projects for Assistance in Transition from Homelessness (PATH): The PATH program nationwide is starting to transition its data collection to the **Homeless Management Information System (HMIS)**. There have been a number of webinars during the past few months concerning this transition. These webinars will continue until the transition is complete. The PATH Coordinators completed their annual reports in January. This year all PATH programs used the new PATH Data Exchange website to enter their data. PATH Coordinators are asked to enter their information into the PATH Data Exchange on a monthly basis. The ability to enter throughout the year has reduced the time it has taken to compile information for the Annual Report. A process that took a number of hours before will be completed in less than one minute.

Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grants: As a reminder, SAMHSA will be conducting a combined review of the block grant programs. This review is scheduled for the week of September 22nd 2014. It is possible that MHSA Planning Council members are asked to participate in the review. More details will be available later this summer. Please refer to the presentation handout for additional information.

Mental Health Technician Certification: In order to be able to bill for case aide services, individuals must be certified as a mental health technician. To date, 734 individuals from 25 different agencies have been certified.

Spring 2014 Behavioral Health Conference: As a reminder, this year's conferences will be held May 12-14, 2014 and September 2-4, 2014 at the Ramkota Hotel in Bismarck. The schedule is complete and is available on line at: http://www.dce.ndsu.nodak.edu/conferences/ndbhc/files/2014/04/DHS-SP14.pdf

Human Service Center License Review: The Department has begun review of the human service centers in the western half of the state. Reviews will continue through June.

Administrative Rule Revisions: The Division is working on revisions to the administrative rule governing human service center and substance abuse treatment licensing.

Opioid Treatment Programs: The administrative rule allowing the Department to license opioid treatment programs was approved effective April 1, 2014. This means that agencies interested in becoming an OTP can apply to the Division. An OTP is a substance abuse treatment program where medication to treat the addiction to opioids is dispensed on-site rather than prescribed and sent with the patient until federal approval is received. Methadone and Suboxone are two drugs that are dispensed in this type of program.

RCCF/PRTF rules: Residential Child Care Facilities and Psychiatric Residential Treatment Facilities both received administrative rule updates effective April 1, 2014. A major change creates the ability for the Department to work within the current bed cap, but allows transitioning types of beds within that cap number. So, if there is a need for more PRTF beds, the Department can transition RCCF beds into a PRTF bed. The Department has a total of 372 licensed residential beds for children and youth; 288 beds at the Residential Child Care Facility (RCCF) level of care, and 84 beds at the Psychiatric Residential Treatment Facility. Over the past 10 years the Department and residential facilities have noted changes in the treatment needs of children and youth being served in the treatment facilities. The young people in our residential settings today have more complex mental health needs along with multiple behavioral needs that cannot be effectively addressed with treatment as usual.

Mental Health First Aide: The Division is partnering with First Link to help prepare them to provide Mental Health First Aide training around the state. First Link completed their training last fall and is currently planning their first training program in Grand Forks. At the point of this report, they had 20 people registered.

Vivitrol: The Department, DOCR, and Heartview Foundation met with representatives of Alkermes, the company who sells Vivitrol the week of April 7th. Vivitrol is a prescription injectable medication used to treat alcohol dependence and prevent relapse to opioid dependence after opioid detox. Vivitrol blocks the pleasurable feelings produced by drinking or using opioids. This medication in concert with counseling can be a significant aide in reaching recovery for some individuals.

15-17 Budget: The Department, once the Governor provides his budget instructions, will start work on the 15-17 budget. The budget work will include review of current and anticipated needs overlaid with the budget instructions. Work is done in concert with OMB and the Governor's office. The Legislative session starts in January of 2015.

Prescription drug overdose is now the leading cause of accidental death in the United States (US) – surpassing motor vehicle accidents in 2012. Prescription drug abuse is present in ND. A multi system effort is underway to educate people on keeping their medications safe and secure, to turn in unused medications to the take back sites, and prevent people from using these medications for non-medical use. The Prevention Resource Media Center (PRMC) has information –at no charge to the public- that may assist you, your family, and other agencies about strategies to help spread the word on preventing abuse.

First episode – early diagnosis – Psychosis - Specialized evaluation, treatment and education for people in the early stages of schizophrenia or who may be experiencing psychosis for the first time. Early intervention is the core of this evidence-based strategy. Research shows that early diagnosis and treatment can help people recover from their illness more quickly. It can also lessen the problems typically associated with untreated psychosis, such as unemployment, substance abuse, hospitalization, disruption to relationships, law-breaking and suicidal behavior. The mental health block grant now contains a set-aside for this type of program. At the spring behavioral health conference – an overview of the Massachusetts program is offered to help educate on this type of service.